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REPORT OF RECEIPTS

-	SBURSEMENTS Authorized Committee	Office Use Only
NAME OF TYPE OR PRIN COMMITTEE (in full)	Example: If typing, type over the lines.	12FE4M5
ADDRESS (number and street) Check if different than previously reported. (ACC) CO0143438 CO0143438		DC 20036 STATE ZIP CODE STATE STATE DISTRICT AMENDED ND 00 (A) ND 00
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)	(b) 12-Day PRE-Election Report for the: Primary (12P) Convention (12C) Election on (c) 30-Day POST-Election Report for the General (30G) Election on	General (12G) Special (12S) in the State of Runoff (30R) Special (30S) in the State of
5. Covering Period 10 01	through	1 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type or Print Name of Treasurer B. Timothy D Signature of Treasurer B. Timothy D NOTE: Submission of false, erroneous, or incomple Use Only FESAN018	with Il	Date O1 / D / V Y Y V V V V V V V V V V V V V V V V